

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Affordable In-Homecare Services	<b>CHAPTER 700</b>
<b>Address:</b> 1320 Kalani Street, Suite 288, Honolulu, Hawaii 96817	<b>Inspection Date:</b> December 11, 2020 Initial (Office and Home)

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><b><u>FINDINGS</u></b> Client #1- Service plan was not signed by the client or the client's representative.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Service plans for all current client's and client's plans reviewed were audited.</p> <p>Service plans were completed and updated with client's signature or client's representative signature as of 12/11/20 and has been reviewed with client and/or client representative and is ongoing. Service plans have been incorporated into the client's record as of 12/11/2020 &amp; remains ongoing. Days and times of services have been added to service plans.</p>	

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<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan</u>. (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><b><u>FINDINGS</u></b> Client #1- Service plan was not signed by the client or the client's representative.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Service plans for all current and potential client's have been audited and developed by the supervisor. Service plans have been completed and updated with the client's and/or representative signature as of 12/11/2020 and has been reviewed with client and/or representative of client as ongoing. Service plans have been incorporated into the client's record as of 12/11/2020 and remains ongoing. Client service plans updated with relationship to client. Supervisor continues to develop service plan with client or client representative (or both) for home care services. Supervisor will continue auditing all client service plans as of 12/11/2020 and ongoing.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (c) The staff of the home care agency shall bring to the attention of the supervisor any changes in the client's condition that may indicate the need for altering the service plan, assisting with additional services, or changes in service.</p> <p><b><u>FINDINGS</u></b> Client #1- During the home inspection, the agency staff stated that client's condition has changed since return from the hospital, and the supervisor was made aware. However, no documentation that the service plan was reviewed to evaluate whether current services are still suitable for the client.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Supervisor will continue auditing all service plans and be notified of any change in condition of client. Inservice reminding staff of the importance of notifying the supervisor of any changes in client condition to assist with updating additional services and updating service plan to reflect home care services and evaluate whether current services are suitable for client as of 12/11/2020 &amp; ongoing. Supervisor continues to audit &amp; review and evaluate services and document service plan has been reviewed when change in client's condition has been brought to the supervisor's attention.</p>	



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<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (c)  The staff of the home care agency shall bring to the attention of the supervisor any changes in the client's condition that may indicate the need for altering the service plan, assisting with additional services, or changes in service.</p> <p><b><u>FINDINGS</u></b>  Client #1- During the home inspection, the agency staff stated that client's condition has changed since return from the hospital, and the supervisor was made aware. However, no documentation that the service plan was reviewed to evaluate whether current services are still suitable for the client.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Agency staff were inserviced on the importance of following service plan and notification of client condition to the supervisor. Any change in client condition needs to be evaluated and reviewed by supervisor to update any change in service and service plan on 12/11/2020, 12/12/2020, 12/13/2020, remains ongoing.  Supervisor has updated and continues to update service plans as of 12/11/2020 and ongoing.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-8 <u>Policies and procedures.</u> (5)(B)  A home care agency shall have policies and procedures that include:</p> <p>Requirements for the contents and maintenance of client records that shall include but not be limited to:</p> <p>Procedures for the staff to document information in the record about the services rendered to each client; and</p> <p><b><u>FINDINGS</u></b>  Client #1- A review of the client's home care binder reveals some staff assigned were not documenting services provided to the client. No care notes (agency form) for the following dates: 11/29/20, 12/1/20, 12/3/20-12/5/20, 12/7/20, and 12/8/20.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Supervisor and/or designee will continue auditing all new <del>admissions</del> and current client's records. + Error</p> <p>Client's records and notes shall maintain current and correct documentation from agency staff with services rendered on days services provided.</p> <p>Supervisor and/or designee conducted 1:1 inservice with agency staff regarding documentation on 12/11/2020, 12/12/2020, 12/13/2020 and ongoing.</p>	

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<input checked="" type="checkbox"/>	<p>§11-700-8 Policies and procedures. (5)(B) A home care agency shall have policies and procedures that include:</p> <p>Requirements for the contents and maintenance of client records that shall include but not be limited to:</p> <p>Procedures for the staff to document information in the record about the services rendered to each client; and</p> <p><b><u>FINDINGS</u></b> Client #1- A review of the client's home care binder reveals some staff assigned were not documenting services provided to the client. No care notes (agency form) for the following dates: 11/29/20, 12/1/20, 12/3/20-12/5/20, 12/7/20, and 12/8/20.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Supervisor has created new detailed care note and has reviewed and implemented new care note on 1/1/2021.</p> <p>Documentation using care notes has been reviewed with agency staff on 12/11/2020 &amp; ongoing.</p> <p>In-service with agency staff has been completed from 12/11/2020 and on-going for documentation and reporting.</p> <p>Care notes remain in client binder and collected by supervisor/and/or designee for review and audit every two weeks and remains on-going</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (c) The supervisor shall perform a supervisory visit of all employees providing client services at each client's residence at least once a year.</p> <p><b><u>FINDINGS</u></b> No documentation of supervisory visit performed by the supervisor to the employees providing services in the client's residence.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Supervisor will and has started documentation of supervisory visits to the employees providing services in the client's home initially and with any change in client condition.</p> <p>Supervisor will continue to perform supervisory visits &amp; document visit in client binder at least once a year or more often as needed and is ongoing.</p>	



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<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (c) The supervisor shall perform a supervisory visit of all employees providing client services at each client's residence at least once a year.</p> <p><b><u>FINDINGS</u></b> No documentation of supervisory visit performed by the supervisor to the employees providing services in the client's residence.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Supervisor has created a supervisory note and has placed copy of note in client binder for record as of 12/12/2020 and on-going.</p>	

Licensee's/Administrator's Signature: 

Print Name: FLORZENA P. VENIZONI

Date: 1-28-2021